development takes place progressively—a modification of character and illusions appearing first, then agitation is added, and finally after a longer or shorter time, days or weeks, the insanity is definitely established. More rarely the insanity sets in suddenly without prodromes. Meredith reports a case where an acute melancholia appeared suddenly at the beginning of the 4th week.

Post-operative insanity has different forms, and here must be distinguished the cases in which the operation acts only as a provoking cause and those in which its pathogenic influence is considerable. When the operation plays only the rôle of an occasional cause the form which the insanity takes is dependent not on the traumatism but on the anterior state, which may be of a very variable nature. In one case it may be a very powerful predisposition or an intoxication, or in another case it may be a typhoid fever which modifies the central nervous system. When the pathogenic influence is most powerful the forms which are generally found are mania and melancholia, but the observations are too few to say if the mania or melancholia have a special physiognomy. [Wood's remarks on this subject seem to be of much greater value.]

As regards prognosis this depends largely on whether the operation plays the part of a primary or an occasional cause, being more grave where the antecedent predisposition is more marked, and where the nutrition is poor, and here leading to incurable insanity or to death.

In summing up the whole subject Mairet concludes:

1°. It is among the predisposed individuals, predisposed either by heredity or any other cause (alcoholism, infectious diseases, etc.), that surgical operations give rise to insanity.

2°. Among the constituent elements of an operation that may act on the brain the two most important from the point of view of the development of insanity are anaesthetics and surgical traumatism with their sequelæ, chief among which are the troubles of nutrition.

3°. When the predisposition is considerable the anaesthetics may of themselves alone set this into activity and cause the appearance of insanity, so that the less important operations, acting as surgical traumatism, may give rise to insanity.

These points should govern the conduct of the physician in interfering surgically in predisposed individuals. Among these individuals one ought not to undertake an operation of any consequence except when there is a vital necessity, and when it has once been decided upon, anaesthetics, at least general anaesthetics, should be omitted if possible. [It need scarcely be pointed out that Prof. Mairet goes to extremes that few or any would care to follow in ascribing such overwhelming importance to anaesthetics. Were anaesthetics withheld to the extent he advocates, from the remote possibility of mental disturbance, much needless suffering could not fail to result.]

Insanity following Surgical Operations. LAWSON TAIT. British Medical Journal, Aug. 31, 1889. (Abstracted in Dublin Journal of Medical Science, 1890, I, 250.)

This is a criticism of the book of Dr. E. Denis on this subject. Tait says that he has performed between 7,000 and 8,000 operations, requiring the use of anaesthetics, and has had anaesthetics administered in cases not involving traumatism in 3,000 more instances, and he knows of only seven cases of sequent—not necessarily consequent—insanity. There may have been other cases, and he will say 14 cases to cover the margin of error. His own practice therefore does not yield a proportion of cases of insanity following operations larger than the general proportion of insanity in the female adult population, and including the cases of anaesthesia is probably considerably smaller. Dr. Denis gets an average of 2.5 cases of alienation in 100 operations. But if this had been the case

all engaged in active operating practice would have felt the fact long ago. Tait is struck by the occurrence of insanity after operations as being like the occurrence of tetanus, something to be met with occasionally, but not a matter to calculate on. He continues: "If I saw an insanity rate of 2.5% in my operations it would be more striking than any death rate in anything except my hysterectomies, and in that class I have never seen insanity follow a single instance; and Dr. Bantock's experience amounts to practically the same result, for his exception cannot really be called one of insanity following an operation. As a per contra I can point to 13 cases where operations have cured insanity."

Ueber Psychosen nach Augen-Operationen. Von FRANKL-HOCHWART. Jahrbuch f. Psych., 1889-90—IX, pp. 152-182.

The author reports 31 cases of psychoses developing after eye-operations. Divided into four groups, as follows:

1. Hallucinatory Confusional Insanity. (a) in young, (b) in old individuals.
2. Simple Confusional Insanity in old people.
3. Psychoses in chronic alcoholism.
4. Cases of Confusional Insanity in very marasmatic individuals, with other intercurrent somatic diseases with fatal termination.

The first group comprised 15 cases; lens extraction in almost all, began six times in the first 24 hours, twice after two, once each after three and four days, twice after several days, once after nine days, once after ten to twelve days, once after three weeks. There was a Proteanlike change of phenomena in the different individuals; there was wild, unmanageable agitation, ideas of grandeur and insignificance, ideas of suicide, ceaseless cryings, praying, lamenting, and then laughing, dancing and singing, with passionate emotional displays. These more sharply defined prodromal symptoms belong more to youth; in older people there is unrest, confusion and tendency to aggression, and also terrible visual and auditory hallucinations. Disease is usually fully developed when the patient is transferred to the asylnm.

Regarding the course of these psychoses it can only be said that this is a very varying one. Some last a few days, and from that up to weeks, or to one, two or five months. One patient formed a complete delusional system of persecution after he had been three months in the asylum.

In the group of alcoholics there were seven patients, six of whom had cataract operations. Course offers little that is noteworthy; begins earlier than in non-alcoholics. Shows itself in restlessness and excitement. Course marked by unrest, hallucinations, conditions of anxiety, ideas of persecution, confusion, delusions. Course similar to delirium tremens. Lasts from 6 to 12 days to 4 weeks. Some dementia in one case.

In the first group (hallucinatory confusional insanity) hallucinations were the chief thing noted, with sharply defined delusions, here and there running into a system, while in the second group (simple confusional insanity in old people) the patients were simply confused and disturbed, hallucinations being absent. They were unoriented, did not know what had happened to them, were irritable, sometimes aggressive. They were all old, but not of the specific senile form. The same conditions are seen in exhausting conditions in youth and in alcoholics. All men, from 57 to 77. Cataract operations in all. Psychosis developed soon after operation; in none after sixth day. Unrest, anxiety, aggressiveness showed itself in the beginning. Prognosis not unfavorable. Of the last group there were only three cases. In all inanition, delirium and fatal termination.

Regarding the casual nexus the simplest explanation would be to put the cases among the psychoses following operations, as first pointed out